



HAWAII STATE ETHICS COMMISSION ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES AND CONTRIBUTIONS REPORT

(To be filed by organizations, employing organizations and individuals
other than registered lobbyists)

FORM ORG

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STATE OF HAWAII
STATE ETHICS COMMISSION

HAWAII STATE ETHICS COMMISSION
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Honolulu, Hawaii 96813
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THIS SPACE FOR OFFICE USE ONLY

For lobbying reporting period:

☐ January 1 - last day of February

☒ March 1 - April 30

☐ May 1 - December 31

Year of Report 20 06

Contact person Francis Imada Phone (808) 680-7234

Organization Clinical Laboratories of Hawaii, LLP

Mailing Address 91-2135 Fort Weaver Road #300

Ewa Beach, HI 96706

PART I. TOTAL EXPENDITURES

The total sum or value of all expenditures for the purpose of lobbying during the statement
period was: \$2,966.66

EXPENDITURES

| Category | Total Amount | Category | Total Amount |
|--|--------------|-------------------------|--------------|
| 1. Preparation & distribution of lobbying materials | | 7. Entertainment | |
| 2. Media advertising | | 8. Food & beverages | |
| 3. Telegraph, telephone and other forms of telecommunication | | 9. Gifts | |
| 4. Postage | | 10. Loans | |
| 5. Compensation paid to lobbyists | | 11. Other disbursements | |
| 6. Fees (other than to lobbyists) | \$2,966.66 | TOTAL EXPENDITURES | \$2,966.66 |

COMPENSATION PAID TO LOBBYISTS

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

| Name | Address | Compensation paid |
|-------------------------------|--|-------------------|
| Takitani & Agaran | 24 N. Church St., Ste. 409 Wailuku, Maui, HI 96793-1608 | \$1,300.00 |
| Capital Consultants of Hawaii | 222 S. Vineyard, Ste. 401 Honolulu, HI 96813 | \$1,666.66 |
| | | |
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| | | |

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

☐ This section is not applicable.

☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

| Name & Address | Amount or value |
|----------------|-----------------|
| | |
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| | |

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

☐ This section is not applicable.

☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

| Name & Address | Amount or value |
|----------------|-----------------|
| | |
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PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

☐ This section is not applicable.

☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

| Name & Address | Amount or value |
|----------------|-----------------|
| | |
| | |
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PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

Francis U. Imada

(Signature of authorized person)

05/16/2006

(Date)

Name of authorized person (type or print) Francis U. Imada

Title of authorized person CFO